

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 868605 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3	2		1			
4	2		1			
5	2		1			
6	2		1			
7	1		1			
8	1		1			
9	2		1			
10	2		1			
11	2		1			
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TOTAL IND.			2			
TOTAL DEP.			24			
TOTAL CLAIMS			26			

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IND.	DEP.	IND.	DEP.
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			